Saskatchewan
Health

ROSETOWN HEALTH REGION NO. 7 ANNUAL REPORT

1991 - 1992

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REGIONAL DIRECTOR'S REPORT

Jean Porter

The fiscal year of 1991-92 has been an interesting and challenging one for the staff of Health Region No. 7. The population of those under 65 years of age has declined by approximately 800. The birth rate has dropped from 567 to 471, possibly a reflection of the current economic times. Since the school population has dropped by only 38 children (age 5-19 years) but the preschool populations (0-4 years) has dropped by 199, one would conclude the population drop would be in young families either leaving or not seeking work in this region. The populations loss is spread across the whole region, therefore, utilization rates are lower but the populations remains scattered across the entire region. A number of business closures have occurred, however new ones are springing up here and there giving us a note of optimism for the future. The program managers have highlighted selected activities and statistics to reflect the service that has been provided in the region in the past year.

We were assigned a vacancy rate of 4.65% or .81 person years for the region. A plan as to how we would accomplish this was prepared and submitted to CH-PSB. In the beginning one wonders how this task can be achieved but by the end of the fiscal year we had met our target with a few days to spare.

Several staff took part in community projects to mark Canada Health Day. Displays and talks were utilized to provide a wide variety of information.

The annual meeting of Health Region No. 7 was held on June 4, 1991 with 44 Municipal Health Representatives attending. Dr. Reesal, Medical Health Officer for Health Region No. 7 and No. 13, and Louise Hagel, R.N., Occupational Health Nurse, Centre for Agricultural Medicine, Royal University Hospital, presented information about Pulmonary Function Testing and discussed sources of hazards to farmers. Some of the recipients of "Everyone Wins" grants described their projects.

We were pleased to have several students at Rosetown in the month of June. Elaine Dribnenky, P.H.I. Trainee, commenced work for the summer. As well, we arranged and provided an orientation to Community Health Services - Prevention and Treatment Branches and to other agencies for a medical student at Rosetown Union Hospital. At the same time a B.S.N. student from the University of Saskatchewan, College of Nursing, spent 4 weeks with Carolyn Hoppe at Rosetown. A high school student spent a two month work period at the Rosetown Office as part of a work experience program from Rosetown Central High School.

Our annual All Staff Meeting was held in Outlook in June with Nikki Gerrard, Community Psychologist of Saskatoon Mental Health Clinic, presenting to the group regarding problems rural families are experiencing. She gave suggestions about management of stress, which could be applied to other situations as well.

The Rosetown and District Health Care Centre has developed a project to attempt to combine and house all health care agencies under one roof. Dave Smith, Public Health Inspector, and I have met with Bob LeGoffe, the Executive Director, on several occasions to discuss our role in health care, our space requirements and the feasibility of on the one Board concept. Dave Smith is a member of Rosetown Town Council as well as their representative on the Hospital Board. Dave's experience in these capacities as well as in the Health Region have been most valuable in these contacts. Bob LeGoffe attended the November Regional Board Meeting to describe the project for Board Members.

A reorganization of the Emergency Measures Organization in this region began with a meeting in October, 1991, at Rosetown to reacquaint agencies with their responsibilities in this field. A follow up meeting was held in December to develop local plans. Dave Smith and I are the representatives for Health Region No. 7.

Security of the staff and offices at Rosetown became an issue in December necessitating some in-service for staff. This meeting was planned in collaboration with the other agencies in the same building. We invited Pat Shaw of SPMC, Regina, to speak to the group on the subject of building and personal security. This presentation raised the awareness of all staff that small towns are no longer as free from criminal activity as we might think - a good reminder for all of us.

Everyone Wins grants in the region were very few until February and March, when we received several within a matter of days. Time did not permit waiting until a Regional Board Meeting, therefore, the Board members were contacted by phone or letter. A total of $6,675 grants were approved by year end.

The Regional Board met in August, November and March under the chairmanship of Keith Andrews. At each meeting we held an in-service component to update Board Members on projects and services. The topics were:

Aug./91	*The Fluoride Mouthrinse Program - Cynthia Ostafie, D.H.E.* *P.H.I. Training Program - Elaine Dribnenky, P.H.I. Trainee* *CPHA Conference - Rosalind Regnier, P.H.N. I* *Shortage of P.H.I.'s and its impact on Programs - Bill Wright, Senior P.H.I.*
Nov./91	*Project - Amalgamation of Health Care Services - Bob LeGoffe, Executive Director, Rosetown & District Health Care Centre*
Mar./92	*Coteau Hills Heart Health Coalition - Chris Wiens, D.O.N., Beechy Hospital*

I would like to express my appreciation of the interest and concern shown by the Regional Board Members, and especially to the hard work of Keith Andrews, Chairperson of the Board. I would also like to thank Bill Wright, Senior P.H.I., for his assistance for the past year. Bill was detwinned February 24, 1992, and will have responsibility for Saskatoon Rural Health Region No. 8. Dave Smith has been appointed Acting Senior P.H.I.

Karen Brown, M.S.S., has continued to manage the budget, the office and the clerical staff most effectively. Her patience and support of all staff is greatly appreciated. We feel a certain accomplishment in achieving the vacancy management as required and also meeting our budget estimates as far as we know at the time of writing.

All staff are to be commended for their cooperative efforts and hard work on behalf of the residents of Health Region No. 7. I must also mention our appreciation of the staff of CH-PSB who provided us with guidance and direction throughout the year, and also Dr. Michael Reesal of North Battleford who acts as Medical Health Officer to Health Region No. 7.

HEALTH REGION #7 STAFF

Biggar District Office:

Ron Belak, Public Health Inspector II
Brenda Anderson, Public Health Nurse I (Part-time)
Rosalind Regnier, Public Health Nurse I
Jackie Wylie, Public Health Nurse I (Part-time)
Merle Klein, Clerk Typist II (Part-time)

Kerrobert District Office:

Doreen Briggs, Public Health Nurse I (Part-time)
Gwen Sproule, Public Health Nurse I (Part-time)
Lorraine Cholin, Clerk Typist II (Part-time)

Kindersley District Office:

Debbie Johnson, Public Health Nurse I (Part-time)
Esther Peever, Public Health Nurse I
Marilyn Stevenson, Public Health Nurse I
Leslie Omness, Clerk Typist II (Part-time)

Outlook District Office:

Donna Deugau, Public Health Nurse I
Carolyn Koop, Public Health Nurse I (Part-time)
Brenda Smith, Public Health Nurse I (Part-time)
Lois Jacobsen, Clerk Typist II (Part-time)

Rosetown Office:

Johanna Bergerman, Nutritionist
Eigil Jensen, Early Childhood Psychologist
Cynthia Ostafie, Dental Health Educator
Jean Porter, Acting Regional Director/Nursing Supervisor
Dr. M. Reesal, Medical Health Officer
David Smith, Acting Senior Public Health Inspector
Rosalie Tuchscherer, Public Health Nurse II
Joan Litzenberger, Public Health Nurse I (Part-time)
Karen Brown, Clerk Steno IV
Susan Brooks, Clerk Steno II

PERSONNEL CHANGES

Resignations

Colleen Martens, Speech Language Pathologist, Rosetown resigned September 20, 1991

Lil Schmiess, Clerk Typist II (temporary) resigned September 30, 1991

Carolyn Hoppe, Public Health Nurse I, Rosetown - transferred to Saskatoon Rural March 13, 1991

New Staff

Joan Litzenberger, Public Health Nurse I (part-time), Rosetown commenced September 9, 1991.

Leaves

Johanna Bergerman, Nutritionist, shared with Health Region No. 8, on extended sick leave - August-December, 1991.

Susan Brooks, Clerk Steno II, definite leave to work part-time - November 1, 1990 - August 31, 1991.

Brenda Smith, Public Health Nurse 1 (part-time), Outlook commenced maternity leave October, 1991 - April, 1992.

Merle Klein, Clerk Typist II (part-time), Biggar extended sick leave - November, 1991.

Rosalind Regnier, Public Health Nurse I, Biggar sick leave and leave without pay - December, 1991 - January 31, 1992.

Other

Elaine Dribnenky, Public Health Inspector trainee - June - August, 1991

Dave Smith, temporary reclassification to Senior Public Health Inspector - February 24, 1992

Bill Wright, Senior Public Health Inspector detwinned with Rosetown Health Region - February 24, 1992

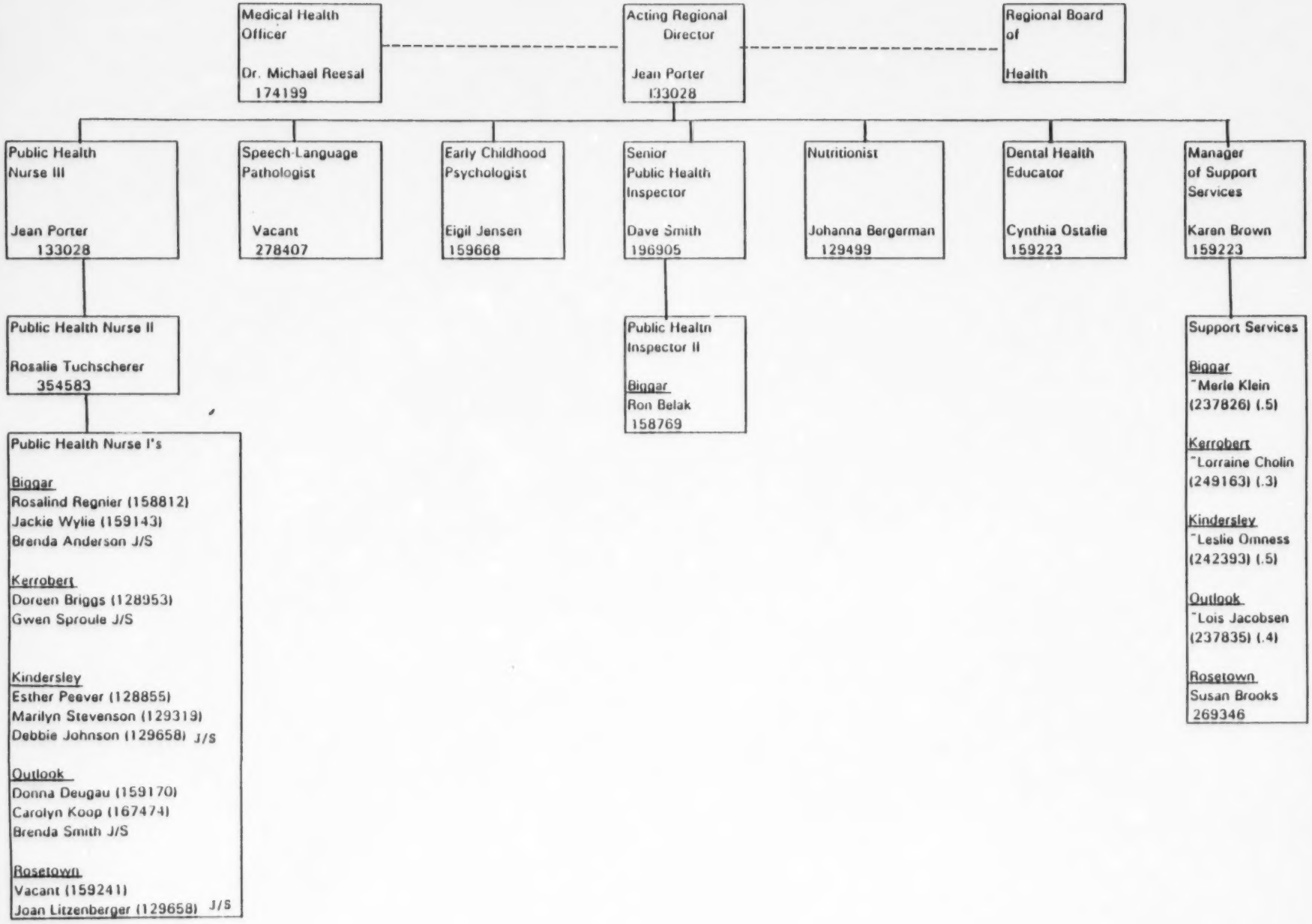
EVERYONE WINS GRANTS - 1991-92

Health Region No. 7

Location	*Name of Organization*	*Grant Amount*
Biggar	*Biggar Blazing Saints Track and Field Club*	*$1,000.*
Eston	*Eston Interagency Group*	*$ 550.*
Glidden	*R.M. of Newcombe #260*	*$1,000.*
Rosetown	*Sask. Breastfeeding Action Committee*	*$ 250.*
Rosetown	*Rosetown Central High School SRC - SADD*	*$1,000.*
Biggar	*Biggar Gymnastics Club*	*$1,000.*
Lucky Lake	*Lucky Lake Health Centre*	*$ 675.*
Tramping Lake	*Tramping Lake Grad '91*	*$ 200.*
Kindersley	*Building Bridges*	*$1,000.*
	TOTAL for 91/92	*$6,675.*

[redacted]OSE[redacted] HEA[redacted]EGIO[redacted]

Regional Organizational Structure (March 31, 1992)



Health Districts - Municipal Health Representatives
(As of March 31, 1992)

**Indicates Board Member

HEALTH DISTRICT #1

Municiplality	Representative	Municipality	Representative
Elrose	Norm Elmslie	Plato	Celeste Jackson
Kyle	Dave Bottorff	Sovereign	Theresa Olson
Outlook	Duane Belbeck	Wiseton	Mrs. Terry Westberry
Rosetown	Alison Ogenchuk	Coteau Beach	Vacant
Zealandia	Louise MacDonald	R.M. #225	Marlene Stubson
Beechy	**Keith Andrews	R.M. #226	Glenda Braun
Birsay	Isabelle Coates	R.M. #228	David Brown
Bounty	Kenneth R. Smith	R.M. #255	Jorgan Odegard
Broderick	Norman Young	R.M. #256	Melody Neiman
Conquest	Douglas R. Ball	R.M. #257	Karin Sothmann
Dinsmore	Yvonne Arntsen	R.M. #284	Aldrich Solnicka
Glenside	Dorothy Rosa	R.M. #285	Don Clark
Lucky Lake	Alvin Holbird	R.M. #286	Ruth Jensen
Macrorie	Roland Janzen	R.M. #287	**Anne Bechard
Milden	Sterling McWatters	R.M. #288	William Stables

HEALTH DISTRICT #2

Biggar	Barbara de Haan	Springwater	Veril Bourk
Arelee	Dale Sparks	Tessier	Brenda D. Johnson
Cando	Rosalind Guran	R.M. #316	Pearl McKenzie
Dodsland	Fran Babiuk	R.M. #317	**Lorene Curtis
Handel	Steven Fruhstuk	R.M. #318	Carmel Waddington
Harris	Margaret Corrigan	R.M. #319	Mary McIntosh
Herschel	Debbie Rea	R.M. #346	Earl McMahon
Kelfield	Faith Weese	R.M. #347	Earl Danychuk
Kinley	Douglas J. Harder	R.M. #349	**Betty Bateman
Perdue	Kelly Dwyer	R.M. #376	George Radchenko
Plenty	Maxine Woods	R.M. #377	James D'Arcy
Ruthilda	Brian Shuttle	R.M. #378	Imelda Garett

HEALTH DISTRICT #3

Eatonia	Carol Pivtoran	Netherhill	Judy Shaver
Eston	Charline Martin	Smiley	Marie Sanville
Kerrobert	Denny Johnston	Tramping Lake	Joseph Kolhman
Kindersley	Ruby Nunweiler	R.M. #259	Alfred D. Salfi
Luseland	Richard Wagner	R.M. #260	Ken McBride
Alsask	Earl Beswatherick	R.M. #261	Ray Somerville
Brock	**Linda Dagg	R.M. #290	William Schmidt
Coleville	David Schmidt	R.M. #292	Barry Sonmor
Flaxcombe	Vacant	R.M. #320	David Schmidt
Glidden	Terry Motz	R.M. #321	Marie Sanville
Loverna	Arleen Peat	R.M. #322	Archie Ashbacher
Madison	Judy Douglas	R.M. #350	**Marjorie Woodley
Major	Louise Kollman	R.M. #351	Hartmut Tischler
Mantario	Robert Somerville	R.M. #352	Gordon Stang
Marengo	Richard Reichert		

ROSETOWN HEALTH REGION POPULATION AT JUNE 30, 1991

	1990			1991		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
UNDER 1	260	294	554	264	231	495
1-4	1,271	1,218	2,489	1,164	1,195	2,359
5-14	3,303	3,045	6,348	3,261	3,021	6,282
15-24	2,632	2,326	4,958	2,499	2,220	4,719
25-64	9,360	8,708	18,068	9,037	8,480	17,517
65-74	1,833	1,954	3,787	1,785	1,915	3,700
75+	1,140	1,554	2,694	1,191	1,593	2,784
TOTAL	19,799	19,099	38,898	19,201	18,655	37,856

NUMBER OF BIRTHS OCCURRING IN ROSETOWN HEALTH REGION IN 1991

AGE		10-14	15-19	20-24	25-29	30-34	35-39	40-44	45+
Total	471	0	24	91	193	126	31	6	0
Married	400	0	4	65	177	119	29	6	0
Other	71	0	20	26	16	7	2	0	0

NUMBER OF DEATHS FOR HEALTH REGION NO. 7, 1991

CAUSES OF DEATH	TOTAL	M	F	AGE 15	AGES 15-64	AGES 65+
All Causes of Death	331	186	145	4	49	278
Cancer	79	46	33	0	16	63
Endocrine & Metabolic Diseases	5	3	2	0	0	5
Mental Disorders	1	1	0	0	0	1
Diseases of the Nervous System	10	5	5	0	2	8
Rheumatic Fever/Heart Disease	1	0	1	0	0	1
Ischaemic Heart Disease	75	45	30	0	5	70
Pulmonary & Other Heart Disease	28	11	17	0	3	25
Cerebrovascular Disease	33	12	21	0	2	31
Other Diseases of Circulatory Sys.	11	6	5	0	0	11
Other Diseases of Respiratory Sys.	34	25	9	0	5	29
Other Parts of Digestive System	20	9	11	0	4	16
Diseases of Urinary System	7	2	5	0	2	5
Diseases of Skin	1	0	1	0	0	1
Congenital Anomalies	1	0	1	1	0	0
Conditions in Perinatal Period	1	1	0	1	0	0
Symptoms & Ill-Defined Conditions	2	1	1	1	0	1
Transport Accidents	11	9	2	1	5	5
Accidental Falls	5	4	1	0	1	4
Other Accidents-Late Effects	1	1	0	0	1	0
Suicide	5	5	0	0	3	2

REPORTED COMMUNICABLE DISEASES – January 1 - December 31, 1991

	1988/89	1989/90	1990/91	1991/92
Amoebiasis	0	0	1	0
Campylobacter	12	5	16	14
Chickenpox	133	98	100	74
Diphtheria Cases	0	0	0	0
Food Poisoning	0	0	0	0
Gastroenteritis (E. Coli)	2	2	1	2
Giardiasis	19	24	22	18
Hepatitis A	4	1	3	0
Hepatitis B - Cases/Carriers	1	3	1	1
Measles (Rubeola)	0	3	0	0
Meningitis/Encephalitis (Total)	3	0	1	1
Haemophilus	1	0	1	1
Pneumococcal	1	0	0	0
Other Bacterial	0	0	0	1
Viral	1	0	0	0
Meningococcus	0	0	0	1
Mononucleosis (Infectious)	0	5	0	2
Mumps	1	3	0	3
Pertussis (Whooping Cough)	13	4	4	1
Rubella	1	3	2	69
Salmonellosis	7	18	9	14
Shigellosis (Bacilliary Dysentery)	1	1	0	1
Typhoid	0	0	0	0
TB Respiratory	1	1	2	2

MEDICAL HEALTH OFFICER

Michael R. Reesal, M.D.

Around 1830, London was experiencing a terrible outbreak of cholera. There appeared no end to the misery, suffering and death that afflicted infants, children and adults in devastating numbers. Most of the inhabitants understandably focused their attention and used their resources to look after the sick and bury their dead. Most, except one brave and thoughtful man who dared to look at sickness and tragedy in a different way.

John Snow must have said to himself: "There is something basically wrong here, and maybe I could fix it".

He had nothing more than pencil and paper when he went from house to house asking two simple questions: Does anyone in this house suffer from cholera? Which pump do you get your drinking water from?

When he added up his numbers, he found that people who got water from the Southwark Pump and the Vauxhall Pump also got cholera. Others did not.

John Snow went to the Southwark and the Vauxhall pumps, removed the pump handles and cured the City of London of cholera. No one then knew anything about "germs" as a cause of disease.

Jenner did a similar thing when he introduced smallpox vaccination in 1797. He predicted also that the universal use of the vaccine would one day eliminate smallpox from the face of the earth. He was right, but it took mankind 200 years to do so. Both Snow and Jenner drew attention to what was happening in the community, and what they could do in their community and for mankind.

The call for improved sanitation and for vaccination has been answered in the developed world and is responsible for much of the benefits we enjoy in longevity and improvements in the quality of life.

Today, as Medical Health Officer for this Region, I want to tell you that while the battle against infectious diseases in not over, we have to take an even broader view of health and disease than John Snow and Jenner did. Increasingly, we find that the causes of disease and death which now plague society are related to lifestyle; that is, to the poor choices we make in the way we live and the social, economic and political conditions that govern our lives.

Communities must be at the forefront, working out strategies best suited to their needs, if they are to be successful in meeting the challenges ahead. Many governments recognize the need for change and reform, and our new government is no exception. We are being encouraged as communities to work out strategies that would place the authority for health within the community.

The recent "Health of the Nation" document may provide useful guidelines by the following statement:

Reforms have established that the prime role of health authorities is an explicit responsibility for the health of their residents. Their job, as "champions of the people" is three fold:

First, to assess the state of health of the people they serve

Second, to obtain the services needed to ensure effective action is taken to maintain good health, prevent and treat ill health, rehabilitate people to good health, and provide support and care for those who are disabled, chronically ill or dying.

Third, to ensure the quality and effectivencss -- including cost effectiveness -- of the services their residents use.

My job as a Medical Health Officer is to provide support for these endeavors, in reforms which must take place.

Let me deal with the first job of a health authority: "To address the state of the health of the people we serve"

Current statistics show that we are one million people in the Province of Saskatchewan; 90,000 in the North Battleford Region (NBR); and, 38,000 in the Rosetown Region (RT). Strong contrasts exist in the ethnic, social and economic structure of the Regions. Registered Indian people make up 6% of the Saskatchewan population; 12%, live in the NBR. 18% of the NBR population consist of Registered Indian people. There are no Registered Indian people in the Rosetown Region.

Does this difference require health authorities to develop different strategies in each community? Let me quote from the Yeates Review Committee Report (77/78 - 85/86) on the number of days spent in hospital per capita by patient residents.

"Days per capita for status Indians were more than double the Provincial average in 85/86. This was due to a much higher separation rate: 534.1 compared to 313.0 separations per 1,000 population for the Province. Days per separation in 85/86 were 7.7, somewhat below the Provincial average".

The population of persons over age 65 is increasing and this has been a source of concern with respect to the expenditure explosion. Much of the increase in utilization of health-care services has been attributed solely to the aging population. There is increasing evidence, however, that while in the future, the aging population will significantly add to expenditures, current trends of increasing utilization cannot be attributed mainly to the change in age of the population. Some investigators, including the Yeates committee, have been at pains to point out the "fallacy" of this indictment, because it obscures other causes we need to investigate and to deal with more urgently and which indeed, might be amenable to prevention. It may well be that as we gain confidence with our community, attitudes of wellness can be infused sufficiently well to avoid utilization of costly health-care facilities.

Saskatchewan people enjoy a high standard of living and average longevity is greater than

in any other province, 80 years in females and 74 in males. The 15 year span from '71 to '86 showed a gain of three years in life expectancy, at birth. But in some important ways we are falling back. Up to 1989, the perinatal death rate (PDR) and the infant death rates (IDR) had decreased every year to 7.01 and 5.63 from 10.70 and 11.34 in 1985. In 1992, perinatal death rates were recorded at 14.6 and the infant death rate 11.04 for the North Battleford Region; in contrast, the PDR and IDR were 8.5 and 6.4 for the Rosetown Region, and 7.64 and 7.67 for the Provincial averages. Changes observed in the perinatal and infant mortality rates in the NBR are disturbing because these rates have been decreasing in Canada as a whole.

There are no better indices we can use for telling how effective we have been in the care of pregnant women (prenatal and postnatal care) and their infants than PDR and IDR. Equally dismal statistics are shared by the Prince Albert Region and Northern Saskatchewan.

Teenage pregnancies are increasingly receiving the concerns they deserve because they are accompanied often by poor socio-economic conditions and poor education. Infants born to teenage mothers create cycles of poverty and poor education which persist. In Saskatchewan as a whole, 11% of those who gave birth to live babies, 1,690, were under 19 years of age. 6% of these babies were underweight. The proportion of underweight babies not only provides an index of decreased survivability, but also indicate the extent to which expensive hospital facilities might be utilized. Of those in the NBR, 13% were born of teenaged mothers, in contrast to 5% in Rosetown and 27% in Northern Saskatchewan.

We can highlight the principal causes of death in Saskatchewan people by summarizing the statistics as in Table 1. Roughly 3/4 of the people who died in the Province suffered from either cancer, ischemic heart disease or respiratory disease. The single most important cause of these diseases is inhaled cigarette smoke. The statement then that cigarette smoking is the single most preventable cause of disease applies well to the Province as a whole. What we eat also determines to a large extent whether we will increase our risk for acquiring cancer of the gastrointestinal tract. The cancers of the respiratory and digestive system are about equal in death rates in most locations, except Northern Saskatchewan. It is worthy to note also that NSK has about twice the rate of cancer of the lung of other region and of SK as a whole. Accidents replace ischemic heart disease as being one of the three most important causes of death. And, the incidence of stroke is lower (4%) than the Provincial average of about 8%. However, while 20% of the people who die in SK. are under the age of 65, 57% of the deaths in NSK occur before age 65, many from motor vehicle accidents and suicide.

Even the same mode of death may have different causes in different locations. Thus suicides occur mainly among the young in NSK, but in Rosetown and North Battleford occur bimodally among the very young and the old.

We have been successful in many ways in dealing with infectious disease; new and more potent vaccines are being introduced and our success in coping with outbreaks of mumps, whooping cough and rubella speak well for the traditional approaches and advances in medical technology. For the first time, the province made the Influenza vaccine available this year to all aged 65+ persons; we have every reason to believe that this has decreased the incidence of morbidity and mortality in a highly susceptible segment of the population.

A new vaccine against one form of meningitis was introduced. In immunization programs, we can never be smug. Vaccination rates must be kept high. The outbreak of rubella in the Rosetown district was a timely reminder of this; the outbreak of rubella which we saw in Rosetown was due entirely to a decision to withhold vaccinating male children when the rubella vaccine was being made available to female children in 1970. An important success this year was that we were able to stop the spread of an outbreak of mumps in Harris, before it disseminated to the rest of the province.

In an important area of infectious disease, however, we are loosing ground. Tuberculosis is becoming more common and the major problem facing T.B. control is the growing resistance of organisms to multiple antibiotics. That some tubercle bacilli are completely resistant to all the antibiotics we have is not encouraging. Our failure to cope with increasing threats from this disease is shown by current statistics which indicate we have at least eight times more cases of tuberculosis in the Province today than we had 10 years ago. Although the incidence in the general population is 8 - 10/100,000, it is 20/100,000 in the 65+ population, and more than 200/100,000 in the native population. We are spending less today (about $8,000/case) on T.B. control, than we did in 1965, when we spent $25,000/case. We have a reservoir of unrecognized cases and we are not coping well with "non-compliance" of patients who do not take their medicines as suggested. As a society we are being asked increasingly to address this problem. In what way, we may ask? The experts tell us that trying to find new drugs may increase hope, but it is not the answer, as long as non-compliance is the major problem facing us in T.B. control.

Should we be surprised then, that the experts are now telling us that the best way forward is to try to achieve compliance; education can help, but only in a very limited way. What works best is "caring". The depressed tuberculous patient responds to caring. "I don't care what you know, I won't take the medicine if you don't care" is what was heard to tell his doctor. Recruitment, loyalty, relationships and support -- once neglected words are being called upon again, not technology. All indications point to the need for us as a community to work together in facing the many health issues, so many of which are related to lifestyle abuses, disruptions of our environment, neglecting the social and spiritual qualities of life.

In all our endeavors have we made any progress? Yes, we have: the incidence of ischemic heart disease has been falling steadily over the past 20 years, the incidence of cancer of the stomach has decreased. More people are wearing seat belts and traffic injuries are correspondingly less, both in numbers and severity. The rate of cancer of the lung follows a decrease in cigarette smoking. Less women are dying from uterine cancer.

But why are so many young women smoking? Less women have stopped smoking and more young females are taking up the habit; the incidence of cancer of the lung is rising steeply, now exceeding the rate of cancer of the breast. Figure 2 provides a dramatic illustration of these trends. We have to try harder with young women who smoke and young men who drive drunk on weekends. They are killing themselves and breaking too many hearts.

Rosetown is predominately a farm community. From statistics available in a few jurisdictions in North America, we know that more accidents occur in farming,

construction and mining than in any other industries. We know that tractor accidents are the most common cause of adult and child - mortality in the farm community. Power take-off and auger injuries are frequently responsible for amputation of arms and legs in children and adults. Yet, because only two percent of farmers are insured by Workers' Compensation, we do not have reliable statistics on farm injuries. As a result, it becomes difficult to create focused programs for prevention of these injuries.

At the recent International Conference on Agricultural Health and Safety held in Saskatoon, I presented the results of hearing loss in farmers in the Wakaw district. The results indicate that serious hearing loss occurs in farmers. We drew attention to the isolation and depression this disability introduces into the life of the older farmer. Early recognition is one way we could prevent this problem from occurring. We need to explore this and other conditions which might be unique or predominant in farmers.

Figure 1, lists a number of factors which are probable sources of injury to the farm family.

Statistics are the corner-stone of monitoring the state of health of the community and we rely heavily on numerical trends for planning the future. Let me point out how traditional statistics may overlook important health events in our society. "Assaults by husbands, ex-husbands cause more injuries to women than motor vehicle accidents, rape and muggings combined. Health officials estimate that each year more than 4 million women are battered and more than 4,000 are killed by such close "intimate assaults" in North America. Yet public health initiatives for preventing violence against women and helping women and children entrapped by violence are sadly lacking".

Many public health workers maintain that complex environmental factors are pre-eminent determinants of women's health. Should we be looking only at central authorities to bring about change? That would be unrealistic; it would be ducking the responsibility a community should feel for its people, ignoring the need to pull together the forces necessary to bring about changes in the quality of humanity we offer each other.

As Medical Officer of Health, I have often wondered if my function could not be more realistically served by being notified of assaults, farm accidents and child abuse than of infectious disease.

Without denying the importance of "access to health care, reproductive choices, and screening procedures or that dietary factors, exercise and relative behaviours are necessary to maintain health," we needed to acknowledge the predominate importance of returning to, and discovering, enduring human values. Municipal Health Representatives can help us change our focus, to broaden our vision of health. We have sophisticated tools that can detect dangers we were hitherto unaware of. The radon problem in Eston is a good example of how responsive government agencies might use modern technology to forestall the occurrence of adverse health effects which may be insidious and take many years to review their effects.

Perhaps, it is time for us to take another look at where we are going.

The programs we have conducted in this region have been superably managed by program

directors, Rosalie Tuchscherer and David Smith, who continue to adapt to change and offer efficient services. Each PHN and PHI has been dedicated in their work. The support staff led by Ms. Jean Porter and Ms. Karen Brown and their staff have done well to hold our programs together, to create a pleasant working environment, and to keep us all solvent and safe from bureaucratic reproach.

Every member of the staff has strived to establish healthy, pleasant and professional working relationships with our Municipal Health Representatives, with government organizations and non-government organizations in this region. We have enjoyed a superb working relationship with our Board.

We wish to thank everyone for their faithful support of our causes during the year.

TABLE 1

TRENDS IN MORBID OCCURRENCES

		1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
Perinatal Death Rate	LN	8.8	8.7	11.4	9.9	12.5	5.8	14.3	11.3	3.5	8.5
	ERTF			10.0			10.9			7.8	
	RT					10.3	9.5	9.6	9.6	7.2	7.6
	SK	12.9	12.0	11.8	11.3						
Infant Death Rate	RT	8.9	7.5	12.8	5	8.8	11.6	6.4	9.8	3.5	6.4
				8.4			8.9			7.8	
	SK	10.5	10.1	9.4	11	8.9	9.1	8.3	8	7.7	7.7
Total Deaths	RT	382	354	327	348	371	305	363	308	341	331
	SK	8202	7611	7710	8031	8061	7808	8100	7920	7953	8053
Mortality %	RT/SK	4.6	4.7	4.2	4.3	4.6	3.9	4.5	3.9	4.3	4.1
Population %	RT/SK	3.7	3.8	3.8	3.9	4	4	4.1	4.1	4.1	4.1
Population	RT	40907	41522	42093	42363	42014	41347	40616	39706	38898	37856
Ishemic HD	RT	104	91	68	101	96	84	97	59	72	75
Mortality	RT/SK %	5	4.8	3.5	5.1	4.9	4.5	4.9	3.1	4	4
CA Lung	RT	10	13	20	19	29	15	20	18	16	16
	RT/SK %	2.6	3.6	5.3	4.7	6.7	3.6	4.3	4.1	3.7	3.4
Suicide	RT	9	3	4	3	6	3	5	1	3	5
	RT/SK %	5.3	2	2.9	2.3	4.3	2.3	3.4	0.8	2	4.1

PDR and IDR have followed the Provincial Trend towards decrease.
The population of RTR has been fairly steady; the proportion of people relative to Sk. has increased.
The mortality is mildly higher than the Sk. average, related to increasingly aged population.
IHD is slightly above the average; Ca of lung about average.
Suicide less than expected for population size

FIGURE 1

SOURCES OF INJURY ON FARMS

Accidents

Automobile

Machinery

Pesticides

Gases

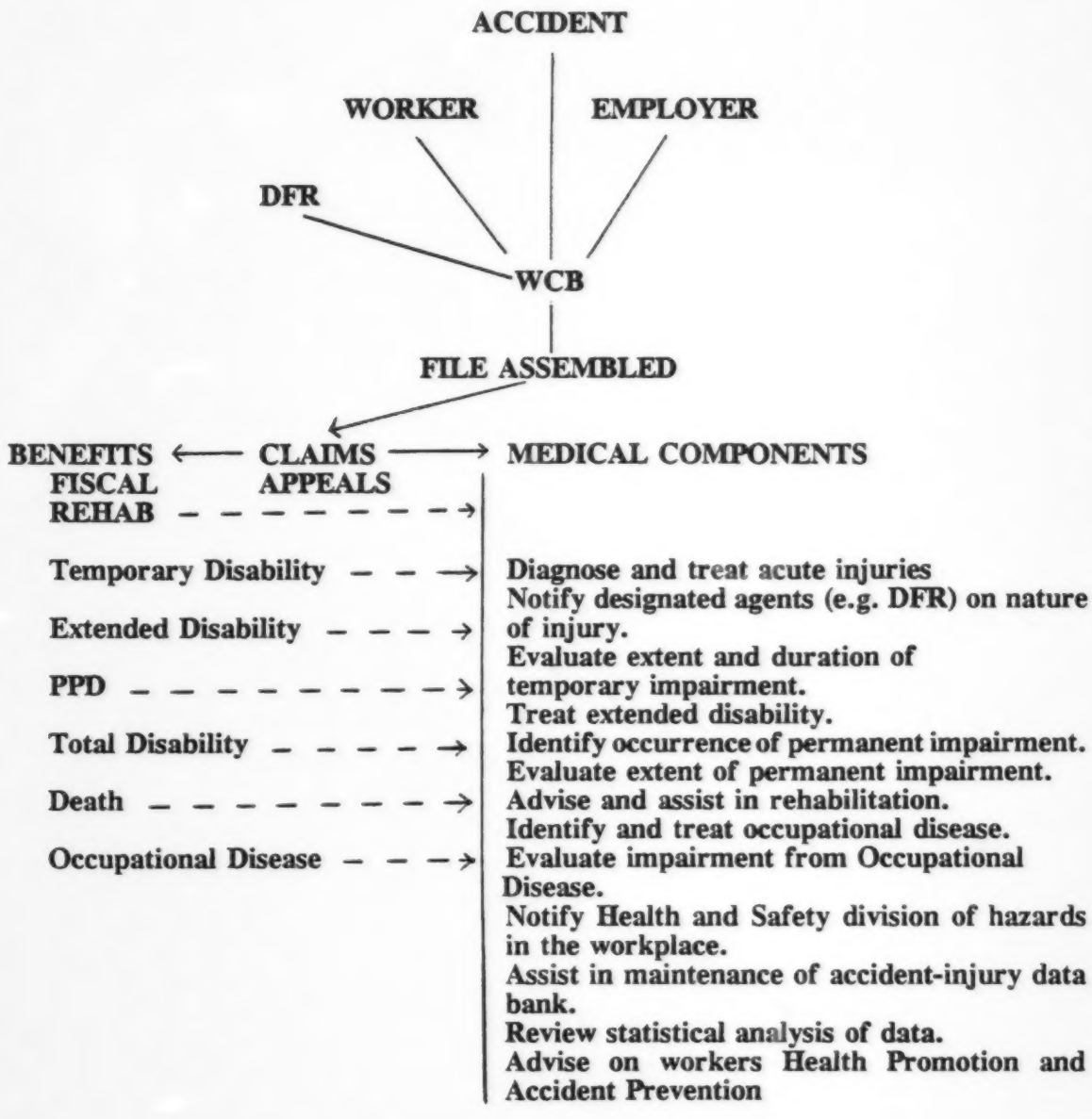
Noise

Vibration

Poor Quality Drinking Water

Animal Medicinals

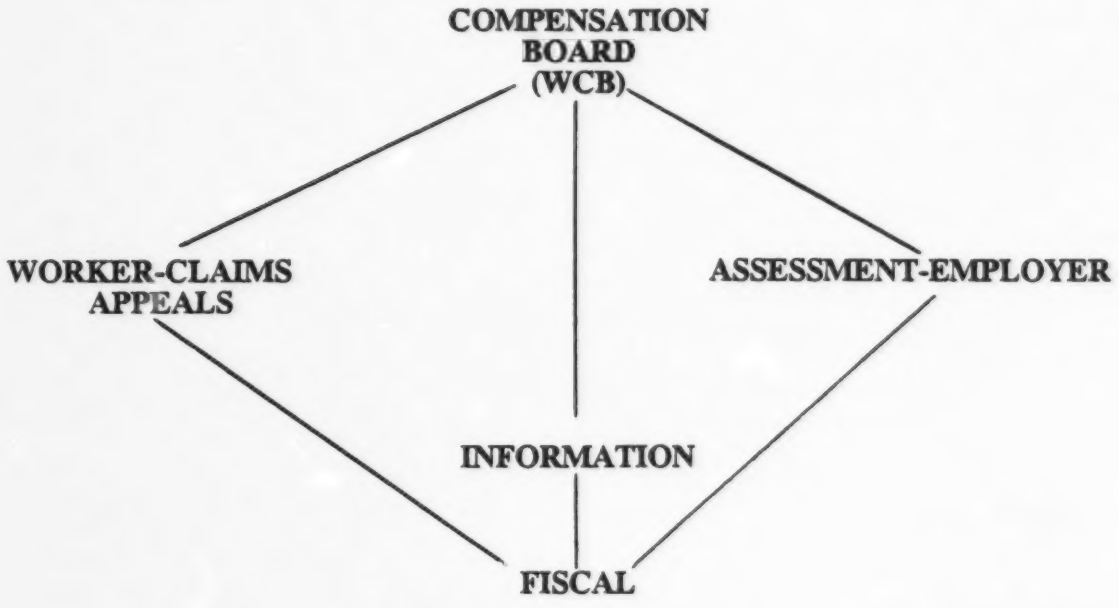
Stress



MEDICAL ROLES AND RESPONSIBILITIES

PPD = Permanent Partial Disability
DFR = Doctor's First Report

WORKERS COMPENSATION ACT
(WCA)



THE TRIAD (Worker:WCB:Employer)
depends on INFORMATION received to compensate workers through procedures that respect the spirit of the WCA.
The WCB issues assessments to all Employers, who pay into a fund (FISCAL) managed by the WCB for

1. **Payment and rehabilitation of workers,**
2. **Support WCB activities in claims-management and in,**
3. **Accident injury prevention (Occupational Health and Safety).**

PUBLIC HEALTH NURSING REPORT

Jean Porter

The fiscal year of 1991-92 was a challenge for the Public Health Nurses with an unusually high amount of immunization required. Although our staffing level was improved over 1990-91, there was a part-time vacancy at Rosetown from April 1 - September and a maternity leave (part-time) at Outlook from mid October to April, and a leave of absence for 1 month at Biggar. Part-time staff worked increased time (against the vacant positions) to enable the new program of Influenza immunization to be covered without hiring outside casual help. Extra time was also required to handle the large number of students needing rubella vaccine. A balance of 5 months was contributed to the vacancy management program for the region.

A new protocol for the control of the spread of head lice was introduced in April, 1991 to school officials and personnel prior to implementation September of 1991. An extensive education campaign was carried out with schools in the fall. The current approach is to provide information to parents, students, teachers and the community rather than carrying out mass screening as a more effective means of controlling head lice. There were several outbreaks of head lice this year with a minimum of problems. The change in handling head lice has resulted in a decline in the number of children seen at school by 703 but an increase in school presentations by 68. The percentage of students hearing presentations by P.H.N.'s rose from 1891 to 3581 or from 24.7% to 47.1% of total school populations although these presentations were by no means all on the topic of head lice.

"Nobody's Perfect", a program about parenting for disadvantaged parents of children 0-5 years, was offered by P.H.N.'s at Biggar, Eston and Rosetown. The number of parents who are interested and eligible for this program is small, but the benefits are significant. The program is designed for either groups or individual teaching. Because of the small number, the use of this program is often on a home visit basis.

As P.H.N.'s, we are constantly made aware that the public and other professionals do not know what our work entails. This year, several staff members participated in S.R.N.A. Chapter projects to prepare articles for the local weeklies about the work done by nurses in different settings.

Evaluation of the vision screening program for children who are 4, 6 and 9 years in the current year was completed and compiled by Nursing Division. Discussion on the outcome of the evaluation have not been finalized, therefore, the vision screening program remains unchanged to date.

Four P.H.N.'s attended the Annual Continuing Education Program for P.H.N.'s in Saskatoon in May, 1991. The same program has run three years in a row to permit most P.H.N. I's to attend. The nurses find this program to be a valuable update.

Four weeks of field experience was provided at Rosetown for Cheryl Besse, a 3rd year B.SN. student from University of Saskatchewan, in June, 1991. In early 1992, Bonnie Dunn, post R.N. degree student did a field experience at Kindersley regarding service for seniors. P.H.N.'s in the region are pleased to facilitate practical experiences for nursing students.

Over the summer months staff were busy with communicable disease follow up, especially food and water borne diseases. Rosalie Tuchscherer, PHN II, became involved in investigation with the City of Regina Health Department regarding Salmonella Newport, Thompson and Typhimurium. This was an enlightening experience in the control of communicable disease.

A program to provide Influenza vaccine to all persons 65 years and over was introduced in August. Senior Citizen groups were approached to sponsor the clinics which were held from mid September to October 31, 1991. P.H.N.'s immunized 3,017 of the elderly population, 49.8% of total population, excluding those in special care institutions.

An outbreak of rubella among adolescent boys began in the fall of 1991 on the east side of the region at Outlook. It became clear that cases were also being seen in other schools in the region. In order to control this disease, an immunization program was organized to give mumps, measles and rubella to any unimmunized students. The affected population were in a group of children who were never immunized against rubella. These were predominately males, 14 years and over. Younger children had received M.M.R. at 1 year of age and females 14 years and over are in the group of children who would have received rubella immunization at age 12. 787 doses of M.M.R. were given to school age children this year.

Because of concerns of staff about family violence, meetings with other agencies were held to discuss the possibility of holding some seminars to provide updates on the subjects of spousal abuse, child abuse and the Family Services Act. The seminars were developed as a project of the Rosetown Interagency Group and were open to a wide variety of personnel who work with families. The seminars were held February, March and April of 1992.

Special projects held in October, 1991, were Asthma Information Sessions for parents in Rosetown and Kindersley. These programs were arranged by PHN's in conjunction with other community agencies.

Two CHC sites were upgraded this year - Milden was moved to the Medical Clinic Building and Eatonia was moved to the new Eatonia Hospital and Special Care Facility. Harris clinic also was upgraded by new paint and provision of improved storage for some materials in the room, thereby improving appearance and safety. This brings our CHC sites up to a 95% meeting standards with one site left to upgrade.

In January, a preliminary meeting was held with Louise Hagel, Occupational Health Nurse, Centre for Agricultural Medicine, University of Saskatchewan, to discuss a project to raise awareness of farm families regarding health hazards. Plans

were made to involve PHN's in respiratory testing clinics and also to arrange a workshop in the fall to provide PHN's with updated information to provide to families. Louise visited the Rosetown Office to orientate Marilyn Stevenson and Debbie Johnson of Kindersley to the respiratory clinics in late March in R.M. 260.

Orientation to the new Haemophilus Influenza Type B vaccine was held in February for all nursing staff. This vaccine will be given at 2 months of age thereby protecting children at the age of greatest risk. Plans for catch up clinics for children between 2 and 18 months were made to commence in April, 1992.

Marilyn Stevenson at Kindersley held a successful post natal class at the request of parents and Carolyn Hoppe of Rosetown organized a Mom's and Babe's session to meet expressed needs of the mothers. These are some examples of nurses working in communities to meet community needs.

The PHN Support Program for Pregnant Adolescents was utilized more heavily this year. Of the 19 births to the mothers age 15-19 years residing in H.R. #7, 11 or 58% were seen in the pregnant adolescent program. This is an increase of 8, ie., 3 out of 11 or 27% were seen in 1990, which is encouraging. This indicates that more referrals are being made to this program. One must also look, however, at the ages of the mothers, as those 18 and 19 year mothers may opt to attend regularly scheduled prenatal classes; also there were more births to females age 15, 16, 17 years in 1991 which is of great concern. Two of the births in 1991 were to married women.

This year our PHN staff demonstrated how flexible and adaptable they are. With all the unexpected additional work load in immunization, they carried on their usual duties. I would like to express my appreciation for their cooperation and willingness throughout the entire year. I would also like to thank Rosalie Tuchscherer who provided the direct supervision of nursing staff through a time of numerous changes and frustrations. Support staff too, were always there to help us with the additional supplies, recording and reporting required for new programs. On behalf of the PHN's I would like to thank Dr. M. Reesal, Medical Health Officer, for his support and advice to us throughout the year.

NUMBER OF PRESCHOOL CHILDREN ATTENDING CHC IN H.R. #7 PER BIRTH YEAR

1987 - 563
1988 - 577
1989 - 573
1990 - 566
1991 - 455

Average yearly births of children attending CHC:

$$\frac{2734}{5} = 546.8$$

SELECTED STATISTICS OF SERVICES TO CHILDREN AT CHC

Year of Birth		*Target Pop.*	*Coverage %*
1991 (0-1 Yr)	*- 1336 doses of Diptheria, Whooping Cough & Tetanus (DPT) 3 doses = series = 445 children*	*455*	*97.8%*
	- 1338 doses of Polio Vaccine 3 doses = series = 446 children	*455*	*98.02%*
1990 (1-2 yr)	*- 508 doses of MMR (Mumps, Measles, Rubella)*	*566*	*89.7%*
	- 509 - 4th doses DPT	*566*	*89.9%*
	- 509 - 4th doses of Polio Vaccine	*566*	*89.9%*
	- 468 doses HIB vaccine (Haemophilus Influenza Type B)	*566*	*82.6%*
(The above immunizations should all be completed by 2 years)			
1988 (3 yr)	*- 369 - 3 year old children seen*	*577*	*63.9%*
1987	*- 524 - 4 yr old children seen at clinic*	*563*	*93.07%*
	- 501 - reinforcement doses DPT	*563*	*88.98%*
	- 499 - reinforcement doses Polio Vaccine	*563*	*88.6%*

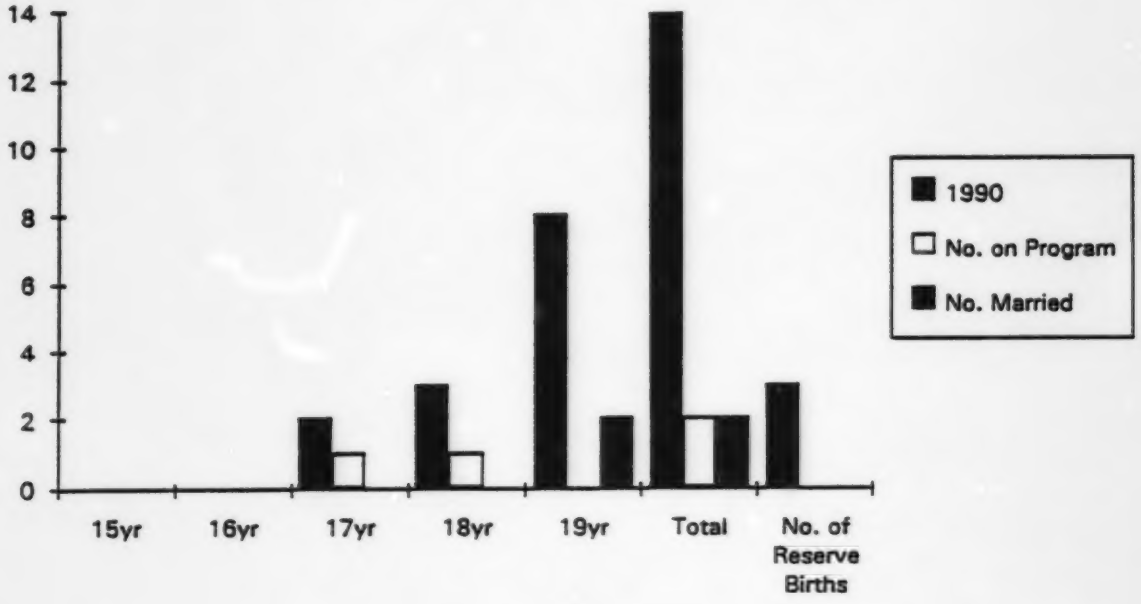
PUBLIC HEALTH NURSING SELECTED STATISTICS

	1989/90	1990/91	1991/92
General			
Nursing Days	1886	1616	1968
Home Visits Made	1251	910	926
Contacts (office, other)	–	1889	2318
Prenatal Programs			
Home Visits	77	50	54
Other Interviews/Contact	216	161	178
Prenatal Classes Held	82	69	68
Total Mothers Attending	123	86	86
Total Fathers Attending	99	82	82
Postnatal Programs			
Home Visits Made Within 30 Days of Delivery	481	399	362
Other Interviews/Contacts	166	208	175
Child Health Conferences			
Child Health Centres in Operation	22	22	21
* Number of Appts. Available	5203	5176	4636
Number of Appts. Made	4489	4242	3677
Number of Appts. Kept	3961	3756	3300
Total Number of Children Seen	4300	3917	3553
Immunization - Infants & Preschool			
Diphtheria, Tetanus, Whooping Cough, (4th dose, series completed)	550	580	509
Polio Vaccine (series complete)	554	565	506
Mumps, Measles, Rubella (MMR)	567	594	505
Haemophilus B Influenza Vaccine (HIB)	520	518	468
School Health Services			
Total School Enrolment	7705	7638	7600
School Presentations	144	106	174
Student Attendance at Presentation	3213	1891	3581
No. of students seen for Service other than Immunization	4310	3168	2465
No. of students Immunized:			
Diphtheria, Tetanus (reinforcement)	567	549	584
Polio	614	551	607
Rubella	38	10	2
Mumps, Measles, Rubella (MMR)	31	18	787
Adult			
Influenza Immunization (65 yrs +)	–	–	3017

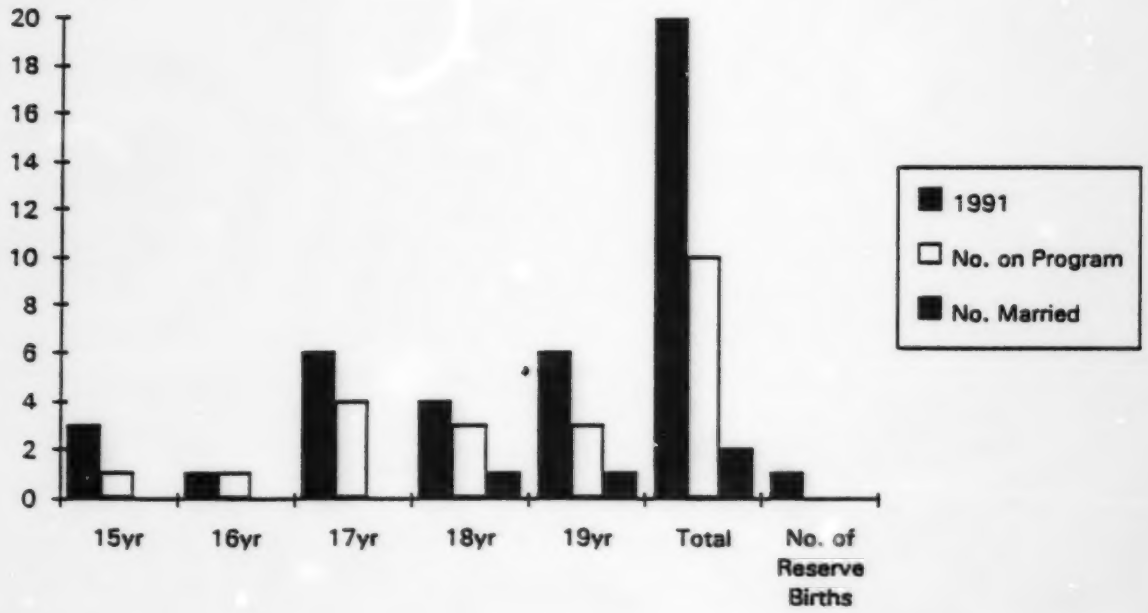
* *Based on the average yearly births of 546.8**, the minimum potential number of appointments required for the year would be 3827. (Each child must come at least seven times to receive the services recommended). Additional appointments are needed for other reasons and to allow some flexibility for parents.*

** *This average is based on children who attend CHC in Health Region No. 7.*

PHN SUPPORT PROGRAM FOR PREGNANT ADOLESCENTS



PHN SUPPORT PROGRAM FOR PREGNANT ADOLESCENTS



PUBLIC HEALTH INSPECTION SERVICES

Dave Smith

The Public Health Inspection program continues to be a system of monitoring, education, and enforcement designed to reduce our risk of disease relating to food, water, housing and the general environment. Major emphasis is placed on monitoring through inspections and education through various courses and on site consultation to bring about desired change.

Staffing

The inspectional staff of the region remained at two full time positions filled by Dave Smith, Rosetown, and Ron Belak of Biggar. As of March 1, 1992 the region was detwinned with Saskatoon and Dave Smith appointed Acting Senior inspector for the region. This is an attempt to improve services through better communication between management, staff and the general public. Eventually, it is anticipated that a third inspection position will be returned to the region in the form of a ½ time senior/½ time field inspector position. The result will be one Senior Public Health Inspector covering half an area and two full time field inspectors.

Based on a population of 39,000 this will result in a field inspection population ratio of 1:15,600, very close to the desirable maximum of one inspector for 15,000 population.

During the summer of 1991 the region received invaluable help from Elaine Dribnenky, second year Public Health Inspector Trainee, who worked in the region for approximately 3 months. Without her able assistance the degree of work accomplished could not have been achieved.

Programs

a) *Food - those premises which prepare food for consumption by the public are given high priority throughout the region. Inspectors conduct inspections at least once per year as routine and follow up on those premises where problems are identified. Unfortunately, due to reduced staff and higher workloads, it is not always possible to conduct as many follow up inspections as may be desirable.*

b) *Water - inspectors continue to monitor and advise on private water supplies and R.M. wells. Numerous inquiries regarding interpretation of analysis results of water supplies are handled throughout the year.*

c) *Accommodation - inspections of hotels, motels, and mobile home courts were carried out during the year with little problem of note. Inspectors continue to assist various councils in placarding substandard dwellings.*

d) *Education - several food handlers courses were conducted in various centres around the region with approximately 200 people successfully being certified.*

General

You will note that the following statistics outline approximately a 60% completion of the regions work program. Although this is a significant improvement over last year's statistics, it still indicates the need for further staff to complete the required program.

Summary

Current staffing levels are not adequate to effectively administer a complete public health inspection program. Food, water and communicable disease follow up are established priorities in an attempt to administer effective programs in these high hazard areas. Hopefully, the inspection staff will be increased in the near future so that a proper functioning program can be affected.

I would like to take this opportunity to thank Mr. Bill Wright, Senior Inspector of Saskatoon Health Region, for his assistance over the last few years and wish him well in the future. I would also like to thank Mr. Ron Belak for his cooperation under trying circumstances in an attempt to administer a fully functional inspection program with reduced staffing numbers.

PUBLIC HEALTH INSPECTION STATISTICS

Facility Type	# Insp. Req'd/ Year	# Prem-ises	# Insp.	% Prem. Insp. Once	# Field Visits	# Hours Consult	# Hours Field Visits	# Hours Formal Insp.	% Work Load
Food Eating Establishments	1	203	176	68.29	180	103.3	128.8	123	10.2
Food Distribution	1	74	45	59.46	45	23.3	31.5	26.8	2.4
Food Processing	1	33	19	72.1	29	39.5	20.8	19.3	2.3
Liquor Outlets	1	55	49	72.73	41	29.5	21.3	22	2.1
Institution/Housing	1	62	16	24.19	28	23.8	19	11	1.6
Licensed Accommodation	1	78	62	79.49	39	30.5	24.5	38.8	2.7
Swim Pool/ Water Themes	1	19	25	95	74	34.8	60.5	13.8	3.1
Recreational/ Public Facilities	1	41	28	58.54	46	96.5	35	0	3.8
Public Water	1	82	25	30.12	4	16.3	2.5	0	0.5
Communal Water	1	2	0	2	7	6	8.5	12.3	0.8
Other	N/A	N/A		N/A	619	160.6	171.1	N/A	10.4
TOTAL		649	445	60.15	1112	563.8	523.3	294.3	39.8

PUBLIC HEALTH INSPECTION STATISTICS

ACTIVITY	NO. OCCURANCES	TOTAL HOURS	% WORKLOAD
Samples	45	16.8	0.5
Complaints:			
Sewage	12	12.5	0.4
Habitation	11	12.5	0.4
Food	7	5	0.1
Other	21	18	0.5
Land Use Referrals	64	39.8	1.1
Public Education	34	216	6.2
Surveys/Projects	55	71	2
Legal Action	0	0	0
Disease Investigation	52	61.3	1.8
Travel	N/A	721.8	20.8
Staff Development	N/A	168.3	4.9
Staff Meetings	N/A	190	5.5
General Administration	N/A	553	16
TOTALS	205	2021	58.3

PUBLIC HEALTH NUTRITIONIST REPORT

Johanna Bergerman

Nutrition services for the Rosetown Health Region continue to be provided from the shared nutrition position headquartered in Saskatoon.

A total of 42 presentations were made this past year. Of this number, 23 presentations were made in the Rosetown Health Region to 318 people.

Consultation services, which provides information, advise and materials, continue to be given to both professionals and the public. Response was given to 187 requests in the past year. Twenty-nine individuals were counselled upon referral by the Public Health Nurse.

Newspaper columns continue to be written and distributed for weekly publication.

This part year has been particularly productive in terms of the work the nutritionists in this province, as a team, have been able to accomplish. We have evaluated participant responses to the majority of our programs. We have used this information to re-evaluate the nutrition programs that we provide. The core nutrition programs have been prioritized and standards have been proposed for levels of involvement. This is particularly helpful for me in dealing with the demand for services from two health regions, Rosetown and Saskatoon.

Working towards policy change is now considered to be the most important job that a nutritionist does. In the past year the focus has been to influence change in breastfeeding practices in hospital and in the community. This was done by visiting hospitals in the Health Region to discuss the World Health Breastfeeding objectives. A partnership with the Breastfeeding Matters group, the Perinatal Education Program and the Postpartum Support Program resulted in the publication of the breastfeeding pamphlet - "Breastfeeding, the Miracle Food". Formula costing was another project that was undertaken to influence breastfeeding practices. This was done to better inform prenatal clients and the public of the true economic differences between bottle feeding and breastfeeding. This information was publicized in a national magazine on breastfeeding protection (Infact). I collaborated with the Breastfeeding Matters group in writing a proposal to the Wellness Team proposing a breastfeeding coalition for the province that would not only promote breastfeeding but support and protect breastfeeding in the community. Input, as it relates to breastfeeding, was provided into the revisions of the nutritional assessment used by Public Health Nurses in child health clinic.

Change is also influenced at the family level through grocery shopping tours. Teaching participants how to read labels in the store that they regularly shop in has a direct effect on their grocery shopping habits and eventually influences the types of foods the store owner brings into the store to sell.

The weekly newspaper columns are another important priority. These are offered year round and have a circulation rate of 129,000 and a pickup rate of 50%. This provides a highly effective way of reaching the public regularly with updated nutrition information and low fat recipes.

Professional inservice is our third level of involvement. Providing updated nutrition information to public health nurses, hospital workers, and teachers, who use the information to teach others is an effective way to reach out to more people.

The fourth level is direct public contact through presentations and classes such as the Eat Smart Class. Evaluation of the Eat Smart Class showed 93% of clients to find the information useful and a 100% of the participants would recommend the class to others.

Our fifth and last level of involvement is on a one to one basis - providing consultation to public health nurses, other professionals, providing information and resources to individuals and providing some counselling to clients referred by the public health nurses. The most common requests are for infant feeding and heart health.

Much of this work involves ongoing professional development to maintain or increase professional competence. I was able to attend a series of classes in preparation for the International Lactation Consultant exam. I successfully completed the exam in July.

Support was also given to the community nutrition internship program. Terry Oleksyn completed her training and graduated from the program in July.

PUBLIC HEALTH NUTRITION STATISTICS

PRESENTATIONS

	Rosetown Health Region		Saskatoon Rural Health Region	
	Sessions	Attendance	Sessions	Attendance
Professional Inservice				
Public Health Nurses	3	47	2	26
Other Professionals	1	10	2	17
Post-Secondary Student Interns Staff Orientation			1	2
Health Councillors/Interagency			2	60
Sub-Totals	**4**	**57**	**7**	**105**
Community Groups				
School Students	4	81	3	30
Parents				
Consumers:				
Eat Smart	2	23	4	54
Grocery Shopping Tours	14	157	4	34
Sub-Totals	**20**	**261**	**11**	**118**
TOTALS	**24**	**318**	**18**	**223**

Total Session in Both Health Regions: 42
Total Attendance in Both Health Region: 541

EARLY CHILDHOOD PSYCHOLOGY REPORT

Eigil Jensen

The Early Childhood Psychologist (ECP) provides assessment, counselling, consultation and therapy services. These services are provided to parents and children with developmental and behavior problems from birth and until the child enters a school-funded program.

The ECP continues to provide services to the Saskatoon Health Region and part of the Melfort-Tisdale Health Region in addition to the Rosetown Health Region. During the past year the ECP spend 44 percent of his total time on work for the Rosetown Health Region. The statistics referred to in the following are summarized in the tables at the end.

Thirty children were referred to the ECP in the Rosetown region during the past year. These represent 60 percent of the total number of children referred to the ECP. Most of the children (80%) were referred by the Public Health Nurses. The remaining 20 percent were referred by the Early Childhood Intervention staff, parents and others. Twenty-seven percent of the children referred were between one and three years of age whereas 66 percent were between three and five years of age.

Of the 30 children referred, 27 were actually seen. Sixteen of these had a developmental problem, nine had a behavior problem and three had no problem. The children on the ECP's caseload generated 130 appointments. These consisted of 28 initial assessments, 12 review assessments, 44 counselling sessions, 45 case conferences and 1 therapy session.

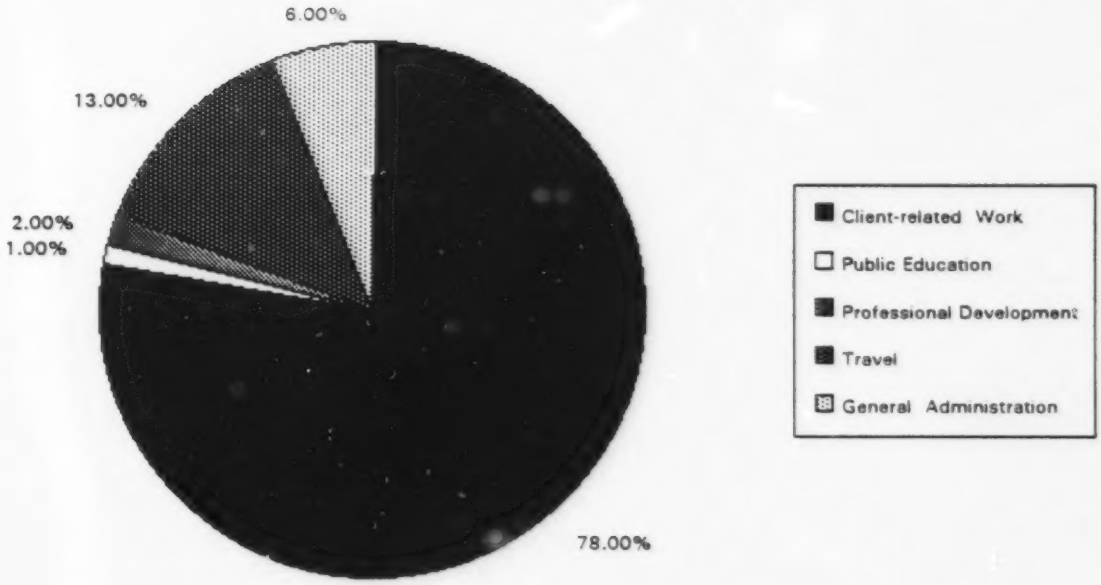
Twenty-six children were discharged from the ECP's caseload during the past year. Eighteen of these (69%) were discharged because their functioning had improved to the point where the ECP services were no longer required. Four children were discharged because they entered a school-funded program. The remaining four children were discharged for other reasons, such as parents refusing further service or families leaving the region.

In addition to the direct work with children and their parents, the ECP also attended the West Central Early Intervention Program's (WCECIP) Admissions and Review Committee Meetings. These meetings are usually held every second month and the location alternates between Rosetown, Kindersley and Kerrobert. The ECP's attendance at these meetings serve several purposes. One of these is to provide and receive information relevant to the children on the ECP's caseload. Another reason is to assist in ensuring that the WCECIP's Admissions and Review Policy is correctly applied.

The ECP is looking forward to another productive and enjoyable year in the Rosetown Health Region.

ECP STATISTICS

	1989-90		1990-91		1991-92	
	No.	%	No.	%	No.	%
Number of referrals received	59		28		30	
Number and percentage of referrals by source of referral						
Public Health Nurses	47	80	21	75	24	80
Speech-Language Pathologists	4	7	2	7	0	0
Early Childhood Intervention Programs			1	4	3	10
Parents	5	8	1	4	1	3
Other	3	5	3	11	2	7
Ages of Children Referred						
1 - 2					3	
2 - 3					5	
3 - 4					10	
4 - 5					9	
5 - 6					3	
Number of Appointments	136		36		130	
Number of appointments by type of service provided						
Initial Assessment					28	
Review Assessment					12	
Counselling					44	
Case Conferences					45	
Play therapy					1	
Number of Children Discharged					30	
Transferred to other agency					4	
Moved out of Region					1	
Service Refused					2	
Goals Reached					18	
Other					1	


6.00%
13.00%
2.00%
1.00%
78.00%
Client-related Work
Public Education
Professional Development
Travel
General Administration

SPEECH LANGUAGE PATHOLOGY REPORT

Colleen Martens, Speech Language Pathologist, resigned her position September 20, 1991, consequently there is no written report on services. During the period from September 20, 1991 to March 31, 1992, Natalie Busch of Health Region No. 8 (Saskatoon Rural) saw emergency cases only in Saskatoon.

We are pleased to report that this position will be filled August 4, 1992, and after receiving an orientation, the new incumbent will begin assessment and therapy.

Jean Porter
Acting Regional Director

SPEECH LANGUAGE PATHOLOGY STATISTICS

CASELOAD SUMMARY

Preschool

39 - Waiting Assessment
11 - Waiting Treatment
39 - In Treatment
89 Preschoolers on Caseload

Adult

6 - Waiting Assessment
2 - Waiting Treatment
5 - In Treatment
13 Adults on Caseload

SOURCES OF REFERRALS

PHN Referrals (from 3 year Core Screen)		
Preschool		*27*
All other PHN Referrals		
Preschool		*26*
Adult		*5*
Early Childhood Psychologist		
Preschool		*2*
Adult		*0*
Physician		
Preschool		*1*
Adult		*0*
Sask. Hearing Aid Plan		
Preschool		*0*
Adult		*0*
Parent		
Preschool		*3*
Adult		*0*
Other		
Preschool		*3*
Adult		*5*
TOTAL		
PRESCHOOL	*62*	
ADULT	*10*	
	72	

SPEECH LANGUAGE PATHOLOGY STATISTICS

DIAGNOSIS OF PRIMARY SPEECH LANGUAGE PROBLEMS

Articulation	
Preschool	***20***
Adult	***0***
Language	
Preschool	***6***
Adult	***1***
Voice	
Preschool	***2***
Adult	***0***
Fluency	
Preschool	***1***
Adult	***0***
Associated Conditions	
Preschool	***0***
Adult	***1***
Normal	
Preschool	***3***
Adult	***0***
TOTAL	
PRESCHOOL	***32***
ADULT	***2***
	34

DENTAL HEALTH EDUCATION REPORT

Cynthia Ostafie

"Preventive dental health care during childhood is a vital part of good overall health. It lays the foundation for speech development and ensures proper chewing for adequate nutrition. Good preventive care also helps to avoid the necessity for costly treatment later in life, and is a key requirement for an attractive, winning smile."

—A Parents Guide to Dental Health

Kindergarten to Grade 6 School Program

Forty-nine schools in the region were visited with a total of 234 dental presentations involving 4453 students. In each case, a teacher and/or parent was present, therefore at least 276 adults received dental information.

The aim of the school dental program is to provide dental care information to students which includes practical instruction on brushing and flossing. This is accomplished by the use of personally made flip charts, large mouth models and brushes for demonstrating purposes, several dental videos and storybooks. I continue to leave a pamphlet, toothbrush and/or dental floss with each child. A resource package consisting of dental information and activity sheets are left with each classroom teacher.

This year, the Dental Health Educators were involved in a Grade 3 Program evaluation. The evaluation consisted of a pre-test, a post-test and a teachers evaluation. The object of the evaluation was to use the data collected as a basis of evaluating effectiveness in producing desired changes in student knowledge, attitudes and general dental health practices and to make formative decisions on the program.

School-Based Fluoride Mouthrinse (FMR) Programs

Eight new school have implemented the FMR programs during the 1991-92 school year. They are: Glidden Colony, Eatonia Colony, Smiley Colony, Eagle Creek Colony, Sunnydale Colony, Springfield Colony, Beechy School and Eatonia School.

A total of 1105 students receive the benefits of the fluoride rinse, which strengthens tooth enamel, and therefore makes it more resistant to tooth decay. The health benefit of this program is obvious, not only by its reduction in dental disease, but in the reduction of costly and time consuming dental treatment.

We currently have 26 FMR schools in this health region: 14 Hutterite Colonies and 12 Public Schools:

Beechy
Beechy Colony
Big Rose Colony
Cando
Cleland Colony
Conquest
D'Arcy Wordshop
Dinsmore Colony
Eagle Creek Colony
Eatonia
Eatonia Colony
Glidden Colony
Goldenview Colony
Harris
Kyle Colony
Macrorie
Milden
Novawood
Perdue
Smiley Colony
Sonningdale
Springfield Colony
Springwater Colony
Sunnydale Colony
Willowpark Colony
Woodrow Lloyd

1251 students eligible to participate
1105 students participating
146 non-participants

88.3% participation

Supplies are provided to participating schools where teachers and volunteers supervise the weekly or bi-weekly rinsing. Workshops are provided to staff by the Dental Health Educator on the proper usage, handling and storage of the fluoride and supplies.

Preschool Program

A self-contained preschool dental kit is available to all preschools and daycares on request. This kit contains an instruction manual, dental storybooks, games, a mouth model and toothbrush, and puppets. Toothbrushes and dental information are given to each child.

The purpose of the kit is to enable the caregiver to teach preschool children proper dental habits in a positive, fun way.

This year the preschool dental kit was utilized by 19 centres (72%) and 379 children benefited from the kit.

Hutterite Colonies

Previous statistics have indicated that Hutterite children have a very high decay rate. The D.H.E. Program in collaboration with the Children's Dental Program area is planning to gather statistics on Hutterite Children. These statistics and decay rates

would be very beneficial to both Programs as they will:

- *allow us to more accurately determine actual individual decay rates in comparison to the provincial average*
- *determine cost of treatment services to colonies*
- *reflect health benefits from FMR programs, education programs, etc.*

It has always been one of my goals in H.R. #7 to have all of the Hutterite Colonies involved in a FMR program. As of the new year, I was able to achieve this goal. Now all 14 colonies (with 100% participation) are involved in the program.

Dental Health Month

April was Dental Health Month. Special activities for the month included:

1) *Dental Health Month Baby Promotion*

   The first baby born at each of the hospitals was presented with a Dental Tote Bag (1991) – Baby Basket (1992) containing a variety of dental products and information. Additional births throughout the month received smaller dental packets of information, toothbrushes and dental floss.

   The purpose of the project was to educate parents about the oral health of their newborn and to provide them with the knowledge to create positive attitudes and life skills in oral health.

2) *Bulletin Board displays were set up in the 5 health offices*

3) *A Dental Health display was set up at the Kindersley Mall. Information on good dental care was available. The general public had the opportunity to meet their D.H.E. and ask questions.*

4) *School newsletter, dental articles and posters were submitted to all schools.*

5) *Participated with the Saskatoon D.H.E.'s in their mall displays as well.*

As of June 1, 1992 I will be accepting a position as a Dental Health Educator with Saskatoon Rural Health.

In the fall of 1987 I began my new employment as a D.H.E. with H.R. #7. The program, people and communities were all very new to me. During my five years with the region I have many to thank for making my work experience in your region a most enjoyable and memorable experience. I would like to thank first of all, Jean Porter, for her guidance and support for my many endeavors, Rosalie Tuchscherer and all the PHN's for their cooperation and friendliness. I would like to thank Karen Brown and all office clericals for their support in circulating the Preschool Dental Kit and for their clerical expertise.

I would also like to thank the Board for their kindness and support given me in each of your areas.

All of my schools: staff, parents and students were very pleasant, most accommodating and I am very pleased to report that I encountered absolutely no difficulty or problems while working in the Region. (Well, perhaps the weather and road conditions were not always agreeable).

I was very fortunate to have the opportunity to work in the communities and with the people of the Rosetown Health Region.

Once again, thank you all very much.

DENTAL HEALTH EDUCATION

Special Presentations and Displays

1. *Mom and Preschoolers Dental Presentations - Biggar Public Library, April/91*
2. *Canada Health Day - Kerrobert, May/91 "Display on Sugars and Dental Health"*
3. *FMR Program Presentation to PHN's at Rosetown - June/91*
4. *FMR Program Presentation to Board Members - Rosetown Aug/91*
5. *Fluoride and Implants Presentation to PHN's - Rosetown Feb/92*
6. *Parents and Preschoolers Dental Presentation - Brock April/91*
7. *Parents and Preschoolers Dental Presentation - Rosetown Library story hour - April/92*

Seminars and Workshops Attended

1. *Dental Therapists Convention Seminar: "Revitalizing Our Preventive Message" May/91*
2. *Dealing with Difficult People Seminar - June/91*
3. *Dental Implants Seminar - Dec/91*
4. *Team Building Seminars*
5. *DOS and Wordperfect computer course - Jan/92*
6. *Oral Manifestations and Infection Control - April/92*

Meetings Attended

1. *Program Managers Meetings*
2. *Dental Health Month Committee Meetings*
3. *Health Promotion Committee Meetings*
4. *D.H.E. Program Meetings*
5. *School Staff Meetings - FMR Programs*
6. *Early Childhood Committee Meetings*
7. *Interagency Meetings.*